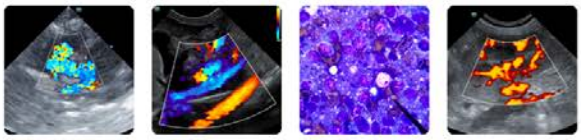


DATE

3/26/26

PATIENT

Frank Taylor

SPECIES

Canine

BREED

Mixed

SEX

Neutered Male

AGE

3/24/14

WEIGHT

20.6 lbs

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. Kalwa

INVOICE

74046

PRESENTING CLINICAL SIGNS

Patient History: Vomited 8 times since noon today - Acute onset lethargy - lying quietly, not whining (normally very vocal) - Food refusal - did not want breakfast or treats (extremely abnormal behavior) - Last full meal at 2:30 AM - Normal defecation this afternoon around 3:30PM - Grass ingestion with vomiting large clumps of grass - Vomit described as foamy, yellow, mostly grass - Current medications: Heartgard, Nexgard, joint supplement - Recently discontinued Rimadyl, switched to different joint medication (half pill daily) - Diet: Fresh Pet brand food. History of coprophagia, managed by client - No known ingestion of foreign bodies; chews toys but spits out pieces - Recent camping, exposure to geese, no known ingestion of goose feces.

Current Medications: Ondansetron, maropitant, pantoprazole, +/- buprenorphine
Labwork Results: Labwork attached. xray 2 view abdomen: - Stomach mildly gas dilated - Multiple loops of bowel abnormally dilated with gas - Soft stool in colon - Heart / lungs nsf. stomach is slightly larger compare to original xrays- but no obvious foreign body noted intestines look less fluid and gas dilated compare to the original xrays
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed by: Rachel Brilhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The visualized areas of prostate and surrounding tissue appear normal. Unfortunately, the prostate is not fully visualized likely due to its intrapelvic location. Correlate with rectal exam findings.

The left kidney has a normal shape and size (5.06 cm) with pyelectasia at 0.15 cm. Overall echogenicity is slightly hyperechoic with mildly reduced corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (5.23 cm) with pyelectasia at 0.19 cm. Overall echogenicity is slightly hyperechoic with mildly reduced corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.52 cm at the cranial pole and 0.60 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.61 cm at the cranial pole and 0.55 cm at the caudal pole at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen
The spleen is subjectively normal in size (1.77 cm), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver
The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

Gastrointestinal
The stomach contains mild/moderate fluid. The gastric wall appears thickened with intact wall layering, measuring at 0.75 cm. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Duodenum wall measures 0.49 cm. Jejunum wall measures 0.34 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas
The right limb of the pancreas is prominent and mottled compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is generalized reactive mesentery in the region of the right limb of the pancreas.

Free Abdomen
Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is no significant lymphadenopathy. The omentum is generally hyperechoic in the cranial abdomen and around the region of the stomach and the pancreas.

PRIMARY FINDINGS

- Mild age related changes and mild pyelectasia noted associated with both kidneys – Pyelectasia of the kidney(s)could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.

- Pancreatic changes consistent with chronic pancreatic remodeling +/- mild pancreatitis.

- Mild fluid distended stomach with thickened wall with intact wall layering – Findings are most consistent with gastritis and gastric ileus.

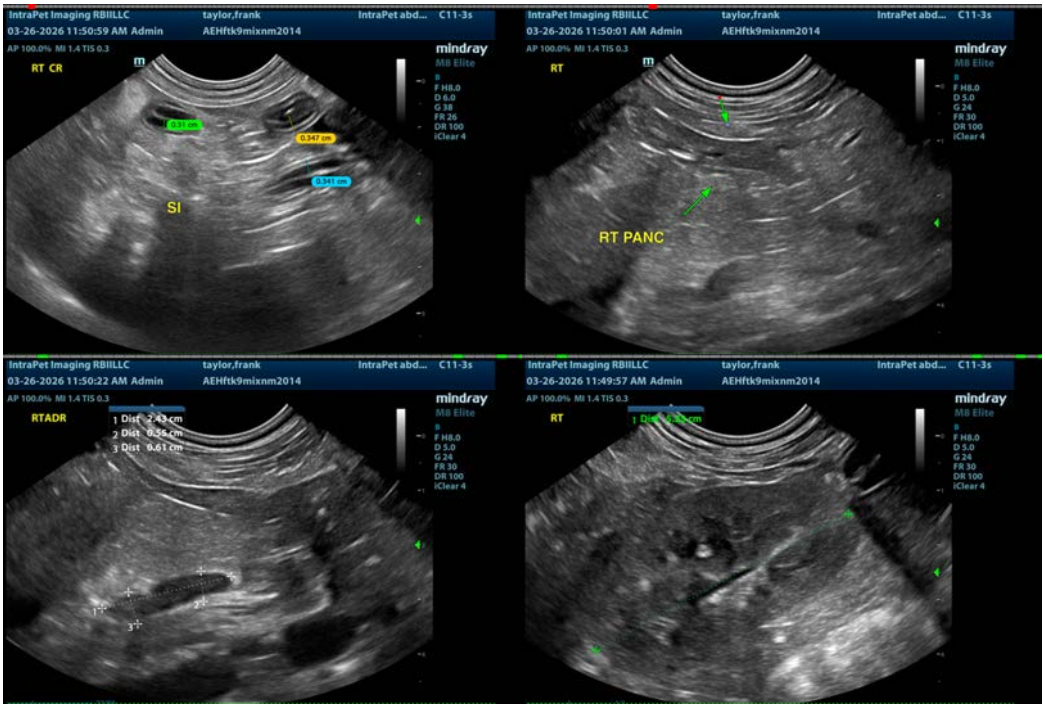
SECONDARY FINDINGS

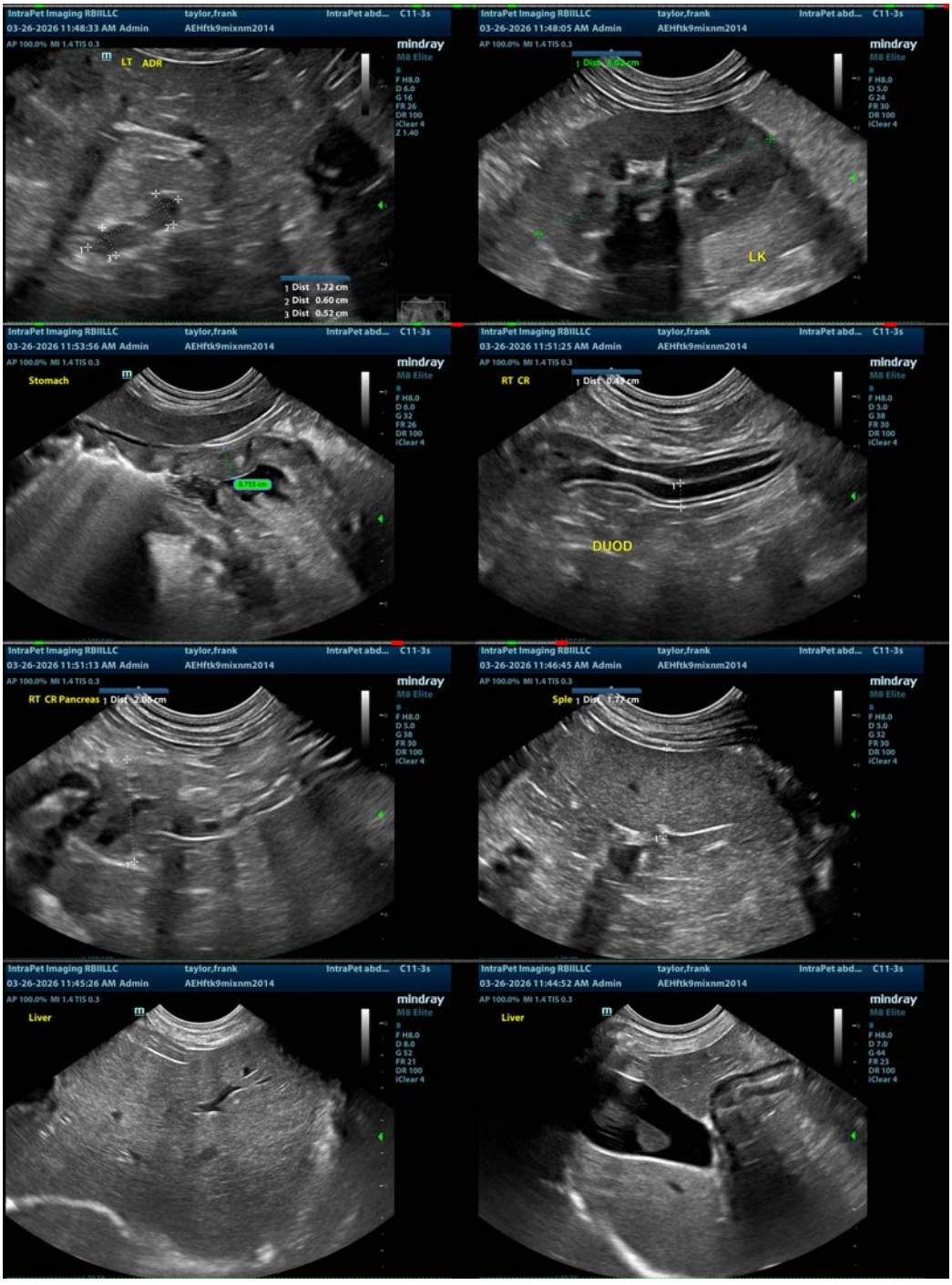
- Heterogeneous liver – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy.

- Moderate gallbladder debris – The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting but seems unlikely to be causing a current issue. Recommend continued monitoring.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The region of the stomach and the pancreas appear reactive with hyperechoic mesentery. The gastric wall is thickened with intact wall layering and retained fluid, most consistent with gastric ileus. No focal lesions are observed at this time, although a small focal gastrointestinal lesion cannot be definitively ruled out. Current findings are suggestive of severe gastroenteritis/pancreatitis. Recommend empirical therapy. If there is not an expected response to therapy, consider repeat imaging in the future, looking for the progression of today's lesions and the development of new lesions.

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Liver

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)
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